LOCCS
Voice Response System
Access Authorization

U.S. Department of Housing and Urban Development

See Instructions, Public Burden, and Privacy Act statements on back before completing this form

This form is to be approved by the recipient's (or grantee's) chief executive officer. **For new users**, retain a copy and send a **notarized original** and two copies to your local HUD Field Office for review.	The Field Office will forward the forms to: **U.S. Dept. of Housing and Urban Development Chief Financial Officer, FYM PO Box 23774 Washington, DC 20026-3774**	**For Overnight delivery send to: Chief Financial Officer, FYM 451 7th Street SW Room 3114 Washington, DC 20410**

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1. Type of Function (mark one)

1 ☐	New User	4 ☐	Reset Password for active users	
2 ☐	Reinstate User	5 ☐	Add new Program Area or Tax ID	
3 ☐	Terminate User	6 ☐	Change Tax ID or Address	

2a. User ID (new user leave blank)

2b. Social Security Number (SSN)

3. Authorized User's Name (last, first, mi)

Title

Office Phone No. (include area code)

Office Address (street, city, State & zip)

E-Mail address (if available)

4. Recipient Organization for which Authority is being Requested

Tax ID	Organization's Name
Tax ID	Organization's Name
Tax ID	Organization's Name

5a. LOCCS Program Area	5b. Program Name	5c. **Q** = Query Only **D** = Project Drawdown **S** = Project Set-Up (HOME, HOP3) **A** = Admin. Drawdown (HOME, HOP3)

6. Authorized User's Signature

Date (mm/dd/yyyy)

I authorize the person identified above to access LOCCS via the Voice Response System.

7. Approved by (name)

Office Phone Number

Title

Social Security Number (SSN)

Office Address (street, city, State, zip code)

E-Mail address (if available)

Approving Official's Signature

Date (mm/dd/yyyy)

8. Notary (must be different from user and approving official)

(Seal, signature, and date (mm/dd/yyyy))

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Instructions for the
LOCCS Voice Response Access Authorization
Security Form

1. **Type of Function**:

    (1) **New User**: User does not currently have a LOCCS user ID.

    (2) **Reinstate User**: Used to renew the user's access authorization in LOCCS.

    (3) **Terminate User**: will immediately terminate the user's access authorizations in LOCCS.

    (4) **Reset Password for active users:** A temporary password will be mailed back to the user to inform him/her of the reset password's value. The user will be required to change the password on the next access to LOCCS.

    (5) **Add new Program Area or Tax ID:** User has a current user ID and will be increasing access capability.

    (6) **Change Tax ID or Address**: User has a current ID and will be changing the Tax ID or current mailing address. **This function is not to be used to change approving official, or substitute a user. Contact Field Office contact for procedures.**

2 a. **User ID:** This block is required to be filled in if the form indicates function 2, 3, or 4 above. This block will be filled in by the LOCCS Security Officer for a "new" ID.

    b. **Social Security Number:** Mandatory. Used to preclude duplicate issuance of authorization for the same person. See the Privacy Act Statement above.

3. **User Information: All fields are mandatory.** Failure to enter any of these fields may cause the security request to be rejected. Enter the user's last name, first name, and middle initial. Enter the user's office phone number. Include the area code or indicate FTS. Enter user's office street address, city, State and zip code.

4. **Recipient Organization** for which Authority is being requested. This will identify the organization the user will be representing. Enter the organization's Tax ID and organization name.

5. **Program Authority.** Identify the HUD program(s) this user will be authorized to access for the recipient organization and then enter the corresponding code(s)/name(s).

    a./b. Contact your local HUD Field Office for the appropriate 4-character LOCCS Program Area / Name

    c. Enter either "**Q**" for Query only access, "**D**" for Project Drawdown access, "**S**" for Project Set-Up access, or "**A**" for Administrative Drawdown access. Users who select Project Drawdown access, Project Set-Up access, or Administrative Drawdown access will automatically receive Query access. Persons who have Project Set-Up Authority for a given Tax ID cannot also have Project Drawdown Authority for the same Tax ID. "S" and "A" are reserved for use with the HOME and HOPE Programs.

6. **Signature.** The signature for whom access is being requested and the date (mm/dd/yyyy) this authorization was signed.

7. **Approval.** Enter the name, title, social security number, office phone, office address, signature and date (mm/dd/yyyy) of the approving official representing the recipient organization. Approving officials **cannot** approve themselves for access to the system.

8. **Notary.** Must be different from user and approving official. Seal and signature of the official who notarizes this form and date (mm/dd/yyyy).